

Student Medical Information

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STRICTLY CONFIDENTIAL

This information, required for each student participating on Roebourne District High School excursions, will assist the school and supervising teachers in the preparation, planning and Duty of Care requirements.

STUDENT DETAILS

Student's name:		Date of birth:	
Parent/guardian's full name:			Year:
Address:	Postcode:		
Contact Number/s:	Home:	Work:	
	Mobile:	Other:	
Name of family doctor:		Telephone no:	
Medicare card number:	Private health cover:		Yes / No
Reference Number:			
Valid To:			

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion?

Yes No

If "yes", please give details:

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Is your child allergic to: (Please give details)

Yes / No Penicillin
 Yes / No Any other drug
 Yes / No Any food
 Yes / No Other

Date of last tetanus vaccination:

Medication - Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of prescribed medications prior to the excursion.

- Is your child presently taking tablets and/or other forms of prescribed medication? Yes / No
- Does your child self-administer the medication? Yes / No

If you answered "yes" to any of the above, please state the name of medication, dosage and frequency of use:

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Does your child have a current Health Care Authorisation Plan at school? Yes / No

Other information - Please provide any other information about your child that will enable the organisers of the excursion to provide better care for your child. (Including recent injuries and illnesses)

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Signed: Date:

Name: